



PROVIDER AGENCY QUESTIONNAIRE

Last Updated: 05/05/2015

AGENCY INFORMATION

1. How many years has your agency been in business? 22
2. List licenses. 2575,20018,10982,14039,20019,14039
3. List other certifications/credentials.
4. Is your agency accredited ☐ Yes or ☒ No
5. If your agency is accredited, by whom?
6. Has your agency had an external audit/survey? ☒ Yes or ☐ No
7. If your agency had an external audit/survey was it voluntary? ☐ Yes or ☒ No
8. If your agency has had an external audit/survey, were there any deficiencies? ☒ Yes or ☐ No
9. If there were any deficiencies, were they resolved? ☒ Yes or ☐ No

SERVICES PROVIDED

10. Does your agency provide direct care services? ☒ Yes or ☐ No
11. If yes, select all that apply and identify the number of persons supported in each
 - ☒ Supported Independent Living
 - ☒ Individual and Family Support
 - ☒ In-home Respite
 - ☐ Center-based Respite
 - ☐ Supported Employment
 - ☐ Day Program
 - ☐ Transportation
 - ☒ Other: (specify services) PCS, NOW, CCW, LT-PCS, VA, Private, Insurance
12. If your agency provides Supported Employment Services, how many persons supported are competitively employed?
13. What is the average rate of pay for the persons supported that are working competitively? (Select one of the following) Select One

EMPLOYEES

14. How many people are employed by your agency? (Select one of the following)

51 +

15. What types of professionals are employed by your agency? (Select all that apply)

☐ Psychologist

☐ Behavior Specialist

☒ Registered Nurse

☐ Licensed Social Worker

☒ Other (Specify) LPN, BA, BS, Accounting, QDDP

16. What is the average rate of pay for the direct care professionals working for your agency for Individual and Family Support (IFS) day services? (Select one of the following)

\$7.25-\$8.25

17. What is the average rate of pay for the direct care professionals working for you agency for IFS night services? (Select one of the following)

\$7.25-\$8.25

18. Does your agency reimburse staff for mileage when they are providing transportation to persons supported in their own vehicle? ☒ Yes or ☐ No

19. If your agency reimburses for mileage, how much do they reimburse?

.25 cent a mile

20. If your agency provides direct care services, what is your annual direct support professional turnover rate?

44%

21. What are the common reasons for agency turnover?

Low Pay Rates and no benefits due to low state reimbursement rates

22. How many hours of training per year are provided to your direct support professionals?

16 +

23. What training topics are provided to your direct support professionals?

Dementia, DSW Guidelines, Abuse & Neglect, Documentation, Handling Money, Incident & Accident Reports, Depression in the Elderly, Heart Disease, Guard against Germs, Arterial Disease, Urinary Incontinence, Stoke, HIPPA, Think Safety, High Blood Pressure, Pressure Sores, Caregiver Burnout, Preventing Falls, Special Diets, Peak Safety, Diabetes, Medicaid Fraud, Parkinson Disease, High Cholesterol, Finding a Safe Place, Communication

24. How many hours of training are provided to your professional staff?

16+

25. What training topics are provided to your professional staff?

All of the above (#23) as in reference to Supervising the DSW concerning their Documentation, Reporting - Cause and Affect - Solutions.

26. Does your agency have a written policy regarding expectations of employee's behavior when providing services? ☒Yes or ☐No

27. If yes, how can persons interested in your agency access this information?

In the initial orientation/training packet. Can be emailed, or copied upon request

INDIVIDUALS SERVED

28. Identify the total number of persons served by your agency? 230

29. Does your agency serve children? ☒Yes or ☐No

30. Does your agency serve persons that require support with medication administration and/or non-complex tasks? ☒Yes or ☐No

31. Does your agency serve persons with more intense behavioral support needs, such as aggression, pica, self-injurious behaviors, etc.? ☒Yes or ☐No

32. Does your agency serve persons with more intense medical support needs, such as medical vents, tube feeding, etc.? ☒Yes or ☐No

33. Does your agency specialize in services for specific populations (Autism, Prader-Willi, etc.)?
☒Yes or ☐No If Yes, specify specialties.

Autism, Downs Syndrome, Cerebral Palsy, and other special needs

QUALITY ASSURANCE

34. Is your agency's Quality Assurance Plan available for current persons supported and potential persons interested in your agency to review? ☒Yes or ☐No

35. If yes, how can persons that are interested access this information?

We can email a copy or come by the office and we will show them.

36. How does your agency assess individual and/or their families satisfaction with the services provided?

Quality Assurance Survey completed quarterly with all clients and family members.

37. How often does your agency assess an individual and/or their family's satisfaction? (Select one of the following)

Quarterly

38. What is your agency's process for receiving individual complaints?

Investigation of the complaint with documentation. Survey the situation for solution.

39. How are complaints resolved?

Depends on the internal investigation report.

40. Does your agency report overall individual satisfaction? ☒Yes or ☐No

41. Who is overall satisfaction reported to?

Quality Assurance team, Case Supervisor, Exe Dir and the Owner/President as well as the state if requested.

42. How often is overall satisfaction reported? (Select one of the following)

Quarterly

Service providers should submit this form electronically to the Office for Citizens with Developmental Disabilities, attention Christy Johnson at christy.johnson@la.gov.